

The Therapeutical

USE OF

Cypridol

A Specific
Bin-iodized Oil

IN

SYPHILIS

BY

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NLM

CYPRIDOL

We have three practical methods at our disposal, for realizing the absorption of mercurials; by inunction, by the mouth and by hypodermic injection.

Cutaneous inunction has given excellent results, but has some serious disadvantages. It is objectionable on account of its soiling the linen, and repugnant to most patients; it often exposes the patient to local irritation and inflammation of the mucous membranes of the mouth, for after consecutive inunctions, acute stomatitis begins with

violence and is less easy to control than by other methods of mercurial ingestion.

Dr FOURNIER, in his *Lessons on Syphilis*, remarks : « Whatever care is taken, there is always a certain risk with inunctions and this treatment should therefore be always an exceptional one ». The ingestion of mercury by the digestive organs, with the preparations commonly used, is quite as unreliable as the treatment by inunctions.

Professor PANAS tells us : « It is well known that nearly all the salts of mercury are caustic in their action on the tissues. It is not therefore astonishing to see so many syphilitics become dyspeptic, subject to diarrhoea and lose flesh owing to the local action of mercury ».

The *hypodermic method*, in which we include the intra-cellular, intra-muscular and intra-venous, is the only one which is above

all criticism and then only one condition that the medicament be regularly assimilable.

The energetic effects of injections of insoluble mercurials (yellow oxide, calomel, etc.) has led some authorities to advise their use at intervals, so as to constitute a mercurial reserve, which the organism can draw on from time to time, but this has the same inconvenience as the intensive mercurial inunction, *for nothing permits us to control the absorption of an insoluble medicament existing in massive doses.*

We must not forget also the almost inevitable disadvantages, such as painful symptoms, abscesses, and functional inability of the members so injected.

Professor GAUCHER makes a protest against the irrational use of insoluble preparations.

This judicious criticism applies equally

to the hypodermic method as well as the administration of mercury by the mouth.

Hypodermic injections of soluble preparations of mercury, are free from these objections, although they require to be renewed frequently and afford a means of graduating at will the medication, according to the susceptibility of the patient and the progress of the affection.

Of all soluble mercurial preparations, the **specific bin-iodized Oil** recommended by professors PANAS, FOURNIER, LANCEREAUX, BRISSAUD and adopted by the leading specialists for venereal diseases, is that which offers the greatest advantages. (*See recent reports to medical congresses.*)

The commercial preparations do not keep well and are irritating to the tissues, besides which their feeble concentration, (which does not exceed more than 4 parts

of $H_g I_2$ per 1000), renders a too frequent recourse to injections necessary, and in practice, the utility of these dilute solutions, is limited to the cutaneous inunctions.

A new mode of preparation has recently been discovered which consists in utilizing the solubility of *nascent* bin-iodide in the proportion of 10 parts of $H_g I_2$ in 1000 of a neutral aseptic oil, which keeps indefinitely.

This “ specific oil ” is called **CYPRIDOL**, a name which is convenient to prescribe, as it gives neither the patient, nor those around him, any information as to the medicament or the nature of the disease under treatment.

The **CYPRIDOL** or 1 o/o “ **Specific** ” **bin-iodized Oil**, can be given by the mouth *in capsules* each containing 2 milligrammes (1/30th grain) of active principle, or *by the hypodermic intra-muscular injections* according to the method of Professor PANAS.

The two methods can be combined or alternated, or either one or the other adopted exclusively, according to the circumstances of this very erratic diathesis.

The administration by the mouth is perfectly logical, as the absorption *only commences in the intestines* where it is emulsified, and infinitely divided by reason of the secretions of the liver and the pancreas, which conditions are most advantageous for the stomach, which is not in any way interfered with, while complete assimilation of the medicament is insured.

In a word, **CYPRIDOL** capsules unite the advantages which we look for in soluble, and slowly soluble mercurial treatments, without exhibiting their respective inconveniences.

The same reasoning evidently applies to the intra-muscular injections of **CYPRIDOL**.

Its absorption explains itself by the local

formation of lymph cells and the ultimate action of the lipeses.

The injections should be made slowly in the midst of the mass of muscular tissue; the needle penetrating completely.

The zones which are most adapted to the injections, are the sub and retro-trochanterian regions, the sacro-lumbar mass.

The choice of a spot having been made, the epiderm should be rubbed energetically with some cotton wool imbibed with alcohol or even a few drops of **CYPRIDOL**, in order to insure local aseptic conditions.

The injection may be made with the special syringe made for cypridol injections, the piston of which is regulated by a micro-metric screw, which even the patient himself can be trusted to handle without danger.

$\frac{1}{50}$ cubic centimetre of Cypridol represents 2 milligr. of bin-iodide.
Half a — — — — 5 — —
One — — — — — 10 — —

Or if English weights and measures are preferred, we can say.

1 minim of Cypridol represents $\frac{1}{100}$ grain of bin-iodide.

5 minims of Cypridol represents $\frac{1}{20}$ grain of bin-iodide.

10 minims of Cypridol represents $\frac{1}{10}$ grain of bin-iodide.

Experiments made on animals with intra-venous injections show that this can be done without danger and this method thereiore can be applied in those cerebral accidents which require immediate intervention.

There remains a subject which has caused much controversy, viz, whether we should give mercury regularly during successive years according to the rule laid down by FOURNIER, or whether we should administer it only as symptoms arise, which theory appears to be prescribed by Professor GAUCHER.

To this, let us say only that **CYPRIDOL**

has been used successfully in the following manner :

Intensive treatment from the time of the first symptoms, with an interval of one week for each month of the first three months; an interval of rest of a fortnight each month of the following three months; of eight days intensive treatment during each month of the three following years, excluding the first three months intensive medication.

These rules were modified according to the form which the affection followed.

The energy of the specific treatment is increased by adding the administration of the alkaline iodides of potash, soda, or strontium or simply giving tincture of iodine by the stomach, during the periods of repose.

The vitality should at such times be maintained with the *phosphoglycerate of lime* (Chapoteaut) and *zomol* (plasma of muscular tissue).

Although salivation is rare in patients treated with **CYPRIDOL**, it is advisable to make use as often as possible of a powder composed of boracic acid and chlorate of potash with some aromatic base, as a dentifrice, nasal douche, gargle or lotion for general use.

The hygiene of the mucous membranes should be radical with syphilitics.

Administration of
CYPRIDOL
in syphilitic manifestations and
microbian affections.

The specific oil of mercuric iodide has been used successfully in all the primary, secondary, and tertiary accidents of syphilis, but it is particularly indicated in those doubtful cases where the diagnosis of the disease is so difficult, that it becomes a sure guide to the treatment which we should subsequently follow.

With **CYPRIDOL**, we can discover and treat the syphilis of the newly born (HUTINEL, *clinical lessons*), the specific tertiary enteritis described by LEREBOULLET and FOURNIER, the secondary and tertiary hepatitis, the obscure affections of the eye, keratitis, chorioretinitis, iritis, (Hirschberg, Abadie, Thesis of Vibert, 1892; of Paul Turpault, 1899, of Dieupart, 1900).

Certain uterine discharges of specific origin or aggravated by syphilis, may come under the same tentative treatment.

The specific bin-iodide oil unites the bactericide mercurial action and the attenuating effects of iodine against toxines, which is increased by the fortunate combination of the two powerful agents.

This explains the success obtained by those practitioners who have not hesitated to make use of **CYPRIDOL** in diseases

of infectious, if not of syphilitic origin.

Numerous tests have shown that **CYPRIDOL** retards the evolution of experimental bacterial affections in animals subjected to inoculation in the laboratory.

CYPRIDOL constitutes an excellent specific for bacteriological affections or parasites of the alimentary canal, the skin and the scalp.

It is indicated in the treatment of serous affections (injections modify the nature of hydrocele), fistulas, cold abscesses, white tumours (in hip, knee, ankle), lupus, opina ventosa and other manifestations of tuberculosis.

Other experiments have been made in the treatment of neoplasms, anthrax, furonculosis, ozenitis, leucenitis, paludal intoxication, yellow fever and the great majority of epidemic diseases.

In gonorrhœa, **CYPRIDOL** should be diluted with 5 to 6 times the quantity of olive

oil and used in conjunction with irrigations of the canal. Oculists find an advantage in the specific bin-iodized oil, to brush the epiderm and lids of the eyes either pure or diluted with 5 to 10 parts of olive oil, according to the effects desired from the topical application of the medicament.

In these connections it is interesting to consult the works of Ehlers, of Copengague, on the *mercurial treatment of Leprosy*; of Stoney, on the *Malignant Pustula* (*British med. Journal*, 1895, page 976); of Kermarsky, on the *Puerperal Pyohemia* (*Nouveaux Remèdes*, 1894, page 429); of Bacelli, on the *Echinocci* and on *Malaria*; of Slingworth, on *Gout* (*British med. Journal*, 1885); of Panas, on *Ocular Antiseptis*; of Bolschesolsky, on *Surgical and Obstetrical Antiseptis* (*British med. Journal*, 1894), etc.

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POSOLOGY

The dose of *Capsules of Cypridol* (each of which represents 2 milligrammes or $1/32^{\text{nd}}$ of a grain of mercuric iodide), varies of necessity, with the nature of the case.

They should be taken with meals, commencing with 2 capsules daily, and not be increased to more than 5 capsules daily.

The *hypodermic administration of Cypridol* (which represents a 1 o/o solution of mercuric iodide in an antiseptic oil) is recommended in intra-muscular injections of from $1/2$ to 1 cubic centimeter or 8 to 16 minims daily.

PH. CHAPELLE,
M. D., Paris.

HgI_2 HgI_2

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